

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000053887

**Entity Name:** ADVANCE PRIMARY CARE LLC

**Current Principal Place of Business:**

1133 SE 18TH PLACE  
SUITE 2  
OCALA, FL 34471

**Current Mailing Address:**

1133 SE 18TH PLACE  
SUITE 2  
OCALA, FL 34471

**FEI Number:** 82-0717878

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CRIPPEN  
7380 SW 60TH AVE  
SUITE 4  
OCALA, FL 34476 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** BRIAN TULLY

04/06/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name RUBIO, JAIME E  
Address 4991 SE 44TH AVE ROAD  
City-State-Zip: Ocala FL 34480

Title AMBR  
Name RUBIO, ELIZABETH A  
Address 4991 SE 44TH AVE ROAD  
City-State-Zip: Ocala FL 34480

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RUBIO , JAIME E

PRESIDENT

04/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date